

State of Iowa Department of Corrections Policy and Procedures

Policy Number: HSP-304
Applicability: DOC
Policy Code: Public Access
Iowa Code Reference: 22.7, 904.602
Chapter 6: Health Services
Sub Chapter: Health Record
Related DOC Policies: AD-CR-04
Administrative Code Reference: 201.5
Subject: Review/Release of Medical Information
ACA Standards: 5-ACI-6C-03
Responsibility: Dr. Jerome Greenfield
Effective Date: March 2021
Authority:

1. PURPOSE

To document procedures to be followed within the Iowa Department of Corrections (IDOC) when a request is received to review or release medical information from a patient's record.

2. POLICY

It is the policy of the Iowa Department of Corrections that patients' medical records shall be released in accordance with State/Federal laws. Patients' medical records may be shared with other providers for continuity of care, to improve delivery of health care, and to reduce duplication of records with appropriate authorization.

3. DEFINITIONS - See IDOC Policy AD-GA-16 for additional Definitions.

4. PROCEDURES

- A. Institutional Health Services employees may release specified reports from the patient's health service file to individual(s) or agencies, provided the patient whose records are requested has given written consent.
- B. A written consent is not required when releasing information to employees of the facility if the information is needed to proceed with their job requirements, Attorney General's office, Board of Parole, Community Based Corrections, and to University of Iowa Hospitals and Clinics (See IDOC Policy **AD-CR-04, Release of Information**). UIHC medical information may also be released upon receipt of a court order and applicable conditions addressed in **Iowa Statute, 141A.9**.
- C. A patient may review their medical record if they have provided a signed *Consent to Release Information Form, AD-CR-04 F-2*, indicating the specific information they are seeking. Attorneys may request copies of a patient's medical records, subject to receipt of a signed *Consent to Release Information Form* from the patient. An IDOC employee must supervise any on-site paper or electronic file review.
- D. To obtain medical information from medical providers outside the DOC, a signed *Consent to Release Information Form, AD-CR-04 F-2*, will be completed by the patient indicating the specific information sought. The completed form shall be electronically filed in the patient's medical record. A patient may revoke an authorization by providing a written notice to health services staff. A completed release form is active for 365 days from the date of signature.
- E. Release of medical information may be denied for reasons including, but not limited to:
 - 1. The release could result in physical or psychological harm to the patient or another person.
 - 2. The release could adversely affect an investigation relating to possible violation of Department of Corrections' rules.
 - 3. The release could jeopardize the patient's treatment.
 - 4. The release would be in violation of Iowa Statute.
- F. Whenever a release of medical information by a patient is denied, the institution notifies the patient in writing, of the specific document(s) or information that was denied, along with the reason for the denial of the

request. A copy of this information will be electronically filed into the electronic medical record.

G. Service fees for the providing medical information are in accordance with IDOC Policy **AD-CR-04**.

1. Photocopy charge: \$.15 (cents) per page.
2. Search fees: \$20.00 per hour.
3. Incidental expenses related to providing copies of the records, including but not limited to, supervision of the examination of the record may also be charged at an hourly rate of \$20.00 per hour.
4. Search fees will be charged when this time exceeds 15 minutes. Any time a fee is assessed, there will be a minimum 15 minute charge. Fees may be modified or reduced if the records cannot be found or produced, or for other reasons at the discretion of the Records Administrator.
5. Fees for medical information exported to CD are prorated at \$20.00 per hour, minimum 15 minute charge.

H. Exclusions from requirement for completed *Consent to Release Information Form* and related fees include:

1. Copy of optometry refraction prescription.
2. Individual copies of laboratory test results.

I. Medical records received from a community hospital, licensed medical providers' office, UIHC or any other third party, are to be released to other requestors including the patient. (See **McCormick on Evidence 103, at 413** (stating patient's disclosure of the information waives the privilege); **State v. Randle, 484 N.W.2d, 220, 222 (Iowa Ct. App. 1992)**; **Iowa Code section 22.2(1)**). **Outside records may be sent to UIHC which may be needed to treat the patient without the individual's authorization**

J. In addition, electronic transmissions of confidential information may be utilized without consent being signed in emergency situations.

K. When information is disclosed, it must be accompanied by the following statement prohibiting re-disclosure:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (Title 42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

- L. Release of mental health records need approval from the mental health provider prior to releasing the information to patients.
- M. Medical records may be released to Eyerly Ball if the patient has electronically signed the consent to release information during initial Intake.